



Improving lives THROUGH
supports and services
THAT FOSTER self-determination.

Medicaid Home and Community-Based Waivers

Service Definition Training

Presenters



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Comprehensive & Community Support Waiver Renewals



- 🕒 Home & Community-Based Service (HCBS) 1915(c) Waiver Applications renew every 5 years.
- 🕒 The last Comprehensive and Community Support Waiver Applications were approved by Centers for Medicare & Medicaid Services (CMS) effective July 1, 2016, and were set to renew July 1, 2021.
- 🕒 The waiver renewal process starts several years in advance of the waiver renewal date.
- 🕒 CMS approved the Waiver Renewals and the Partnership for Hope (PfH) and Missouri Children's with Developmental Disabilities (MOCDD) amendments to align with these renewals.

<https://dmh.mo.gov/sites/dmh/files/media/pdf/2021/09/blastwaiverapprovals.pdf>

Waiver Renewal Process

2017

-  Group of stakeholders--Service Advisory Team

2019

-  Evidence Reports for performance measures

2020

-  Waiver renewals posted for public comment
-  Three public forums held
-  Waiver renewals posted for formal public comment

2021

-  Waiver application submitted to CMS in February
-  Informal/Formal Request for Additional Information
-  Temporary extension for waivers
-  Approval September 2021

RESOURCES

- 🕒 Comprehensive Waiver Application
<https://dmh.mo.gov/dev-disabilities/programs/waiver/comprehensive>
- 🕒 Community Support Waiver Application
<https://dmh.mo.gov/dev-disabilities/programs/waiver/community-support>
- 🕒 Partnership for Hope Waiver Application
<https://dmh.mo.gov/dev-disabilities/programs/waiver/partnership-for-hope>
- 🕒 Missouri Children's with Developmental Disabilities Waiver Application
<https://dmh.mo.gov/dev-disabilities/programs/waiver/mocdd>
- 🕒 MO HealthNet Developmental Disabilities Waivers Manual
http://manuals.momed.com/collections/collection_dmh/print.pdf
- 🕒 Federal Programs Unit
<https://dmh.mo.gov/dev-disabilities/programs/waiver>

Home Delivered Meals

- The preparation, packaging and delivery of meals to those unable to prepare or obtain nourishing meals.
- Supplements the local home-delivered meal services provided at no cost
- Must be in lieu of paid staff

Home Delivered Meals



IS

- Available only in the Community Waiver
- Monitored by the Support Coordinator
- Up to 14 meals a week at standard rate of \$5.90 per meals

Is NOT

- Authorized when natural support or paid support is required during the meal
- Authorized if the person has natural support that can prep meals ahead of time for the person to warm up

The individual must

- Be unable to prepare some or all of his or her own meals
- Have no other natural support to prepare meals
- Have a need identified in the Individual Support Plan

The provider must

- Initiate new orders within 72 hours
- Provide 2 meals, 7 days per week
- Deliver in accordance with ISP
- Ensure nutritional values are met
- Prepared under supervision - consultation of dietician

Benefits Planning



New Waiver Service

*Comprehensive, Community Support and Partnership for Hope
Waivers*

Individual Service

- Designed to inform an individual about competitive integrated employment and assist them to assess if it will result in increased economic self-sufficiency and/or net financial benefit
- Provides information of available work incentives for Supplemental Security Income, SSDI, Medicaid, Medicare, housing subsidies, food stamps, ABLE accounts, etc.

Benefits Planning

The service also will provide information, education, consultation and technical assistance to the individual regarding:

- Income reporting requirements for public benefit programs, including the Social Security Administration
- Formalized development of Plans for Achieving Self Sufficiency (PASS) and/or Property Essential to Self-Support (PESS)
- Assistance with utilization of social security work incentives
- Coordination of Social Security and Medicaid work incentives and benefits support
- Individual benefit verification, consultation, education and ongoing analysis/planning.

Benefits Planning

- Available for individuals *considering* or *seeking* competitive integrated employment, career advancement or to individuals who need financial problem-solving assistance to *maintaining* competitive integrated employment.
- Individual does *not* need to be present to deliver service.
- May only be provided if a Missouri-based Social Security Supported Work Incentives Planning and Assistance (WIPA) program were sought and services *were not available, accessible or applicable* due to either ineligibility or because of wait lists that would result in services not being available within 30 calendar days
- Service limits: Maximum of 60 units per annual support plan. Additional units may be approved by the Division's Regional Director or designee in exceptional circumstances.

Benefits Planning



- Not appropriate for individuals who are not exploring, seeking, maintaining or advancing in employment.
- Not appropriate for someone to simply report monthly earnings to Social Security and/or Family Support Division
- Qualified providers must have and maintain a national credential/certification as outlined in the waiver application

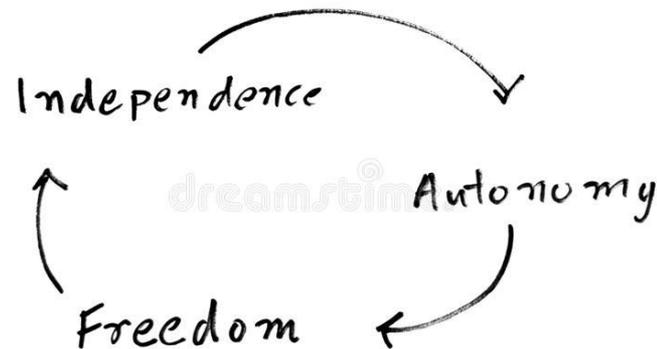
Individual Directed Goods and Services (IDGS)

Waiver Core Service Definition: Individual Directed Goods and Services:

“Individual Directed Goods and Services, often called IDGS, refers to a service, support, or good that may be used under the Self-Directed Service Delivery that enhances the individuals’ opportunities to achieve outcomes related to full membership in the community.”

Purpose:

The purpose of IDGS is to allow individuals who self-direct their own budgets to purchase needed services, supports, or goods to achieve goals put forth in the Individual Support Plan.



Individual Directed Goods and Services (IDGS)



To qualify, each service, support or good selected must:

1. Meet the individual's safety needs, community membership and also advances the desired outcomes in the individual's Individual Support Plan (ISP)
2. Increase independence, substitute for human assistance
3. Reduce the need for a Medicaid waiver service
4. Have documented outcomes in the ISP
5. Not be prohibited by Federal and State statutes and regulations
6. Not be available through another source and the person does not have the funds to purchase it
7. Be acquired based upon anticipated use and most cost-effective method(s)
8. Not be experimental or prohibited.

Individual Directed Goods and Services (IDGS)

The maximum amount that may be allocated toward IDGS is **\$3,000** per annual support plan year, per individual.

The annual limit corresponds to the service plan year.



Intensive Therapeutic Residential Habilitation (ITRH) Service



What is the Service?

- 🕒 Short-term integrated treatment service to support a person to develop individualized coping skills and independent living skills when he/she exhibits high-risk, dangerous behaviors that are exceptional in intensity, duration, or frequency when other services and positive behavior supports have not been successful to support the individual
- 🕒 Also identify and work collaboratively with the person's individualized, integrated team, including clinical professionals, to ensure appropriate use of medications and how to assist the individual to build new skills.
- 🕒 Ongoing collaboration and utilization of best practices to evaluate the need and effectiveness of medications and environmental/behavior support interventions.
- 🕒 Intervention and supports must also include the arrangement of contingencies designed to improve or maintain performance of activities of daily living

Intensive Therapeutic Residential Habilitation (ITRH) Service



Who is the service intended for?

- 👤 Individuals who have not been successful with positive, proactive community supports, including crisis intervention
- 👤 Individuals who need extended, intensive, integrated treatment to learn skills to safely and successfully live in the community

Intensive Therapeutic Residential Habilitation (ITRH) service



How do I get this service (individual)?

- 👤 Need is established as part of person-centered planning
- 👤 Service Coordinator requests service from ITRH provider who has capacity
- 👤 Chief Behavior Analyst or Area Behavior Analyst will work with UR as *ad hoc* members to ensure medical necessity

Intensive Therapeutic Residential Habilitation (ITRH) Service



How long is the service?

- 👤 Up to 12-months
- 👤 May be extended by Chief Behavior Analyst based on need
- 👤 Careful monitoring of transition to ensure continuity of care, including post transition meetings

Intensive Therapeutic Residential Habilitation (ITRH) Service



Who can provide the service (providers)?

- 👤 Providers approved by Division's 1915(b)(4) selective contracting waiver
- 👤 Maintain status as active Tiered Support Agency
- 👤 Clinical Director
 - 👤 Licensed Behavior Analyst, Licensed Psychologist, or Licensed Clinical Social Worker with specific graduate level training in applied behavior analysis, or other division approved evidence based intervention strategies
 - 👤 Minimum of three (3) years of experience, post licensure or certification, delivering services to people with dual diagnosis and high risk behaviors, and a minimum of three (3) years of experience participating in a clinical team.
- 👤 Oversight of service provided by Clinical Director (responsible for ensuring service quality and providing clinical oversight of clinical and direct support staff
- 👤 Participate in at least annual performance appraisal by Chief Behavior Analyst or designee

Environmental Accessibility Adaptation (EAA) Changes to Van Modifications

The following vehicle adaptations are specifically excluded in the waiver:

- adaptations or improvements to the vehicle that are of a general utility, and are not of direct medical or remedial benefit to the individual;
- purchase or lease of a vehicle; and
- regularly scheduled upkeep and maintenance of a vehicle except upkeep and maintenance of the modification.

Environmental Accessibility Adaptation (EAA) Changes to Van Modifications – Cont.

- However, the service can be used toward the purchase of the existing adaptations in a pre-owned vehicle.
 - In these instances, dealership/vendor must be paid directly by the state.
 - The individual will not receive any Medicaid funding to make the purchase.
 - The dealership/vendor must provide an invoice/purchase order that only includes the vehicle adaptations and not the vehicle.
 - The price of the adaptation must be comparable to market value and not include any labor cost.

New Limit: An exception may be approved by the Regional Director and DD Deputy Assistant Director with a maximum limit of \$10,000 per waiver year, per individual.

Environmental Accessibility Adaptation (EAA) Changes to Van Modifications – Cont.

- Waiver funds cannot be used to purchase the vehicle chassis.
- “Blue Book” value of the same vehicle without modifications should be used to establish the value of the chassis.

Environmental Accessibility Adaptation (EAA) Changes to Van Modifications – Cont.

Example:

Modified Vehicle Price =	\$25000
“Blue Book” Value of the <u>unmodified</u> vehicle =	<u>\$20000</u>
Thus the Waiver funded amount for the Modifications cannot exceed	\$5000

Assistive Technology

- A device, product system, or engineered solution whether acquired commercially, modified, or customized that addresses an individual's needs and outcomes
- Is for the direct benefit of the individual in maintaining or improving independence, functional capabilities, vocational skills, or community involvement.
- Remote monitoring assists the individual to fully integrate into the community, participate in community activities, and avoid isolation.

Assistive Technology

- The person understands the use of technology
- Has information needed to make informed choice about remote monitoring versus in-person supports
- Understands privacy protections as documented in ISP
- SC and provider share responsibility in monitoring privacy
- ISP documents all back up support plans
- ISP documents who is responsibility for monitoring activity

Assistive Technology

Assistive Technology must include at least one of the following:

1. Consultation – functional evaluation of the need (1/yr)
2. Equipment – the initial lease, purchase, warranty
3. Service Delivery – monthly service implementation
4. Support – education, training, consultation (40 hrs/yr)

Assistive Technology

Billing Codes

1. Consultation A9999 UA
2. Equipment A9999 UB
3. Service Delivery A9999 UC
4. Support A9999 U9
5. Remote Support A9999 GT (all four components)

Assistive Technology

Who can do it?

- Consultation: OT, PT, Certified REATS, BA with nationally recognized AT assessment curriculum, BA with the technology specific expertise
 - Must be employed by specific technology provider for at least 1 yr.
- Support: by the technology provider

Assistive Technology

- 📍 If a person's need can't be met within a limit, attempts will be made to locate another funding source or an exception may be approved by the by the director or designee to exceed the limit
- 📍 Limit will result in decreased need (units) of one or more other services. The service plan *must* document exceeding the limit for the service that will result in a decreased need of one or more other services.
- 📍 If it is determined the needs of a significant number of individuals cannot be met within the limitation, an amendment will be requested to increase the amount of the limitation.

Changes to Community Transition Service

New Language

- 📍 Community Transition services are non-recurring set-up expenses for individuals who are transitioning from an institutional or another provider-operated living arrangement to a living arrangement in a private residence.

Changes to Community Transition Service

New Language

- 📍 Essential household furnishings and moving expenses required to occupy and use a community domicile

Changes to Community Transition Service

New Language

- In the first sentence under limits section, replaced “the waiver” with, “a living arrangement in a private residence.”

Changes to Community Transition Service

Added items:

- 👤 For allergen control, added the assurance “only be rendered when the allergen control addresses the individual’s disability who demonstrates a need for allergen control”

Changes to Community Transition Service

Added items:

- 👤 Internet service set-up was added to the allowable expense list and
- 👤 TV service or media players were added to the essential furnishings exclusion list

Changes to Community Transition Service

Removed items:

- 👤 Clothing was removed from the service definition as it is not an approvable item

In Home Respite

In-home respite care is provided to individuals unable to care for themselves, on a short-term basis, because of the absence or need for relief of those *persons (other than paid caregivers)* normally providing the care. *Respite care may not be furnished for the purpose of compensating relief or substituting staff.*

In Home Respite

Prior Language

- Provided in the individual's place of residence or in a licensed/certified/ accredited facility when service is provided in interim periods
- Overnight care must be provided in the individual's place of residence.

Replaced with

- The service is provided in the individual's *home or private* place of residence.

Out of Home Respite Temporary Residential

- *Short-term basis due to absence or need for relief of those who normally provide care for an individual*
- Identified as a need in the ISP
- Provides planned relief to the customary caregiver

Out of Home Respite Temporary Residential

Limit

- 📍 No more than 60 days annually
- 📍 Unless exception approved by ROD or designee
- 📍 60 days may be consecutive
- 📍 If provided in an ICF/ID or State Habilitation Center, cannot exceed 30 days

Required by CMS

- 📍 *The total limit of out of home respite is 6 months. The Out of Home Respite service is a temporary service and requires a hard limit to the exception amount. This will not affect section 9817 of ARP.*

Out of Home Respite Temporary Residential

Previous Eligible Locations

- 📍 A licensed Community Residential Facility
- 📍 A State-operated ICF/IDD

Revised Additional Locations

- 📍 Shared Living Host Homes
- 📍 Shared Living Relief Homes
- 📍 Stand Alone Respite Facility

Out of Home Respite Temporary Residential

- *Stand alone Respite Facility must be Certified or Accredited*
- *A host home provider may provide out of home respite services if there is not currently an individual residing in the home and receiving host home services.*

Personal Assistant

- Includes a range of assistant to enable individuals to complete tasks they are not able to do for themselves.
- Provides supports and incidental teachings to assist the person to participate in their home and community.
- Can be provided in the person's home, family home, and in the community

Personal Assistant

- Always in the presence of the person
- Staff cannot sleep during service provision
- Limited to additional service not otherwise covered by state plan.
- Team Collaboration can be included in the individual budget limited to 120 hours per plan year.

Personal Assistance

- 🕒 May provide hospital supports to assist with supervision, communication and others that the hospital is unable to provide
- 🕒 Must be identified in the person's ISP
- 🕒 IS NOT used for visiting or checking in, must be clearly defined in ISP
- 🕒 Hospital supports are billed to the authorized PA code

Personal Assistance

Changes

-  Can no longer be authorized in conjunction with Group Home, individualized supported living or Shared Living
-  Can no longer be authorized for the purpose of a Remote Support response center
 -  This component needed combined with A9999 GT

Group Home

Group home services provide care, supervision, and skills training in activities of daily living, home management and community integration. This includes assistance and support in the areas of self-care, sensory/motor development, interpersonal skills, communication, community living skills, mobility, health care, socialization, money management and household responsibilities.

Group Home

- 👤 Instead of “groups of recipients” it’s “individuals who live in”
- 👤 Emphasized the Home and Community Services Rule
- 👤 Transportation
 - 👤 Includes non-medical transportation to access the community
 - 👤 Additional transportation may be authorized to access work, day hab
 - 👤 Responsible to ensure medical transportation is billed to state plan

Group Home

- 📍 May provide hospital supports to assist with supervision, communication and others that the hospital is unable to provide
- 📍 Must be identified in the person's ISP
- 📍 IS NOT used for visiting or checking in, must be clearly defined in ISP
- 📍 Hospital supports are billed to S5125 HI \$7.27 per unit

Group Home

New Limit

-  The Group Home service includes components of PA, ISD and CN within the service implementation; therefore PA, ISD and CN services cannot be authorized in addition. **Changes required by CMS:** PA, ISD and CN are already components of the Group Home service and funded under the Group Home service.

Individualized Supported Living (ISL)

- Provides individualized supports, delivered in a personalized manner, to individuals who live in homes of their choice.
- Individuals may choose with whom and where they live, and the type of community activities in which they wish to be involved.
- Characterized by creativity, flexibility, responsiveness and diversity .
- Enables people with disabilities to be fully integrated in communities.

Individualized Supported Living (ISL)

- 👤 The home in which a person receives ISL services is a private dwelling, not a licensed facility and must be owned or leased by at least one of the individuals residing in the home Transportation
- 👤 Each individual in the home has free choice of provider and is not required to use the same ISL provider chosen by their housemates.

Individualized Supported Living (ISL)

- 🕒 May provide hospital supports to assist with supervision, communication and others that the hospital is unable to provide
- 🕒 Must be identified in the person's ISP
- 🕒 IS NOT used for visiting or checking in, must be clearly defined in ISP
- 🕒 Hospital supports are billed to S5125 HI \$7.27 per unit

Individualized Supported Living (ISL)

New Limit

-  The Individualized Support Living service includes components of PA, ISD and CN within the service implementation; therefore PA, ISD and CN services are cannot be authorized in addition. **Changes required by CMS:** PA, ISD and CN are already components of ISL service and funded under the ISL service.

Shared Living

Shared Living is an arrangement in which an individual chooses to live with a couple, another individual, or a family in the community to share their life experiences together. Shared Living can be provided in the home of the care giver (Host Home Services) or in the individual's home (Companion Services)

Shared Living

- 🕒 Skill development to prevent the loss of skills and enhance skills leading to greater independence and community inclusion
- 🕒 Transportation is included in the Shared Living Rate

Shared Living

- 🕒 May provide hospital supports to assist with supervision, communication and others that the hospital is unable to provide
- 🕒 Must be identified in the person's ISP
- 🕒 IS NOT used for visiting or checking in, must be clearly defined in ISP
- 🕒 Hospital supports are billed to S5125 HI \$7.27 per unit

Shared Living

- The Shared Living service includes components of PA, ISD and CN within the service implementation; therefore PA, ISD and CN services cannot be authorized in addition. PA, ISD and CN are already components of Shared Living service and funded under the Shared Living service

Community Networking



Comprehensive, Community Support, Partnership for Hope and Missouri Children with Developmental Disabilities Waivers

Individual or Group Service (4)

- Revised service definition title - previously named Community Integration
- Clarification of:
 - Expectation is Outcomes are for individuals to participate in and choose activities that build social relationships, community involvement and membership that build upon interests, preferences, gifts and strengths.

Community Networking



- Service limit has been revised to a monthly amount of 432 units (108 hours)
- Not designed to be used in settings to prepare for employment pathways (i.e. Prevocational)

Individualized Skill Development



Comprehensive, Community Support, Partnership for Hope and Missouri Children with Developmental Disabilities Waivers

Individual Service or Group Service (4)

- Clarifying language was added to reflect outcomes for individuals to learn specific skills necessary for independent living.
- Clarifying language added it is for individuals who live in their own or family homes.
- Service limit has been revised to a monthly amount of 348 units (87 hours)

Individualized Skill Development



- Services are limited to those not otherwise covered under the state plan [including Early and Periodic Screening, Diagnosis and Treatment (EPSDT)] and consistent with the waiver objective of avoiding institutionalization.
- Provider qualification language was updated to align with [Provider Bulletin #25 Volume 1 on credentialing requirements](#)
 - Deleted previous language regarding a state credentialing process and replaced with successful completion of a systematic instruction course in either Relias Learning or College of Direct Supports.

Day Habilitation



Comprehensive, Community Support, Partnership for Hope and Missouri Children with Developmental Disabilities Waivers

Language was revised to reflect:

- Services are designed to assist the individual to acquire, improve and retain the self-help, socialization and adaptive skills that enhance social development and develop skills in performing activities of daily living and community living.
- Services may also be used to provide supported retirement activities.
- Activities and environments are designed to foster the acquisition of skills, building positive social behavior and interpersonal competence, greater independence and personal choice. Activities should be appropriate to the setting and occur in the most natural setting possible to maximize transference of skill acquisition.

Day Habilitation



Medical Exception language revised

Documentation required for requesting reviewed and approval by the UR Committee

- Written Support Plan which includes clinical outcome data with criteria for reduction of supports **if** relevant to the identified medical condition(s).
 - rather than previously being worded “as” relevant.
- Written documentation noting the individual's assessed need for medical or mobility supports by the individual's medical practitioner.

Day Habilitation



Behavior Exception language revised:

People with exceptional behavioral support needs may be granted a behavior exception when additional staffing is required to keep them and/or others safe. Requests for a Behavioral Exception shall be submitted to the UR committee and include one of the following types of documentation:

- An ISP inclusive of a Behavior Support Plan including supports to be implemented through the Day Habilitation service and confirmation of ongoing applied behavior analysis services.

or

- An approved ISP documenting behavior supports have been recommended and are being pursued.

Career Planning



Comprehensive, Community Support and Partnership for Hope Waivers

Individual Service

- Language updated to align with national best practices
- Clarified that transportation for the implementation of service are included in the rate
- NEW – Additional billable activity of work specific review of assistive technology

Career Planning



New - Outcomes are expected in a completed career plan/discovery profile to guide ongoing support needs to include:

- An identified career path and profile which includes the individual's needs, interests, strengths, natural supports and characteristics of potential work environments
- A plan specifying actions necessary to achieve the individual's career goals.

Career Planning



Removed:

- Social Security benefits support, training, consultation and planning.

**Informal discussion related to asset development is a billable activity (general overview of ability to have earned income, general savings and retain needed benefits).*

**The determination and coordination of specific work incentives for which the individual is eligible would require the Benefits Planning service definition – if applicable.*

Job Development



Comprehensive, Community Support and Partnership for Hope Waivers

Individual Service

- Language updated to align with national best practices
- Clarified that transportation for the implementation of service are included in the rate
- NEW – Additional billable activity added for consultation with prospective employers on the use of assistive technology to promote greater autonomy and independence in the potential workplace

Job Development



New - Outcomes are expected in a completed job retention plan to guide ongoing support needs to include:

- Outline of job title, wages, projected average number of hours to be worked weekly
- Implementation strategies for paid/natural supports regarding unmet needs (i.e. personal assistance, transportation, skill acquisition, employment onboarding, workplace integration, etc.).

Supported Employment



Comprehensive, Community Support and Partnership for Hope Waivers

Individual or Group Service (4)

- Language updated to align with national best practices
- New – Added additional billable activity to include assistance with reporting and managing earnings with Social Security and Medicaid.

**This is simply the process of reporting work earnings. Any planning and consultation on benefits coordination would required the Benefits Planning service definition.*

Supported Employment



New - Outcomes are expected to include a monthly retention plan to include:

- Description of the results of the professional observation and assessment of the individual and the needed paid/unpaid supports to sustain employment.
- A summary of implementation strategies to maximize employment, independence, natural supports, job performance and identified potential risk(s) associated with reduction of paid supports.

Prevocational



Comprehensive, Community Support and Partnership for Hope Waivers

Individual or Group Service (4)

Language clarifies that volunteering as part of Prevocational is for employment skill development.

- Volunteering for personal reasons (e.g. community service) not related to employment pathways would not be Prevocational.

Service limit revised:

- Previous weekly limits removed
- New limit is 2,080 units per annual support plan year.

New language added to allow billable activity to include:

- Use of strategies to include assistive technology for improving task attendance and task completion
- Informal discussion related to asset development and financial literacy

Prevocational



New - Outcomes are expected to include a monthly plan to include:

- Progress on skill acquisition
- Ongoing development needed to be prepared for employment.

Professional Assessment and Monitoring (PAM)



🕒 **New language noted in red font was added for clarification.**

Service Definition(*Scope*):

“Professional Assessment and Monitoring (PAM) is intended to promote and support an optimal level of health and well-being. **A prescribing practitioner must prescribe an identified need for the PAM service.**”

-

Professional Assessment and Monitoring (PAM)



🕒 **New language noted in red font was added for clarification.**

Service Definition(*Scope*):

“This service must not supplant Medicaid State plan services or Medicare services for which an individual is eligible. Excluded services include Diabetes Self-Management Training available under the state plan and medical nutrition therapy services prescribed by a physician for Medicare eligibles who have diabetes or renal diseases. **PAM is not continuous care.**”

Professional Assessment and Monitoring (PAM)



🕒 **Change required by CMS:**

Service Definition(*Scope*):

The state revised the first paragraph statement of “training when indicated,” to: “training when identified as needed for the care of the individual.”

“PAM is a consultative service by a licensed health care professional that may be utilized to assess, examine, evaluate, and/or treat an individual’s identified condition(s) or healthcare needs and planning and may include instruction and **training when identified as needed for the care of the individual.**”

Professional Assessment and Monitoring (PAM)



🕒 **Change required by CMS:**

Service Definition(*Scope*):

The state revised the following statement:

“This would include but is not limited to reporting all changes in health status to the physician and the support coordinator and providing written reports of the visit to the support coordinator.”

To: “All changes in health status are to be communicated to the physician and the support coordinator. Written reports of the visit will be provided to the support coordinator. All services must be documented in the individual record.”

Professional Assessment and Monitoring (PAM)



Change required by CMS:

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

The state revised the first sentence after EPSDT, to include the following language “...but consistent with waiver objectives of avoiding institutionalization.”

“The services under the Comprehensive Waiver are limited to additional services not otherwise covered under the state plan, including EPSDT **but consistent with waiver objectives of avoiding institutionalization.”**

Participant Services - (Self-Directed & Provider Managed) Changes To Community Specialist (CS) - Definition

The waiver core service definition of “Community Specialist” is modified (enhanced) to include the following text:

“CS is a direct service which may require higher level of skillset and training that assist the individual in achieving their outcomes. The CS performs the implementation strategies of the outcome through direct instruction. CS staff may be part of the Person-Centered Planning process that identifies the individual’s needs and desires; however, does not authorize the service nor monitors the progress of the CS service”.



Participant Services - (Self-Directed & Provider Managed) Changes To Community Specialist (CS) –Provider Type

Previously, the Provider Categories and associated Provider Type Title(s) included within the Community Specialist Waiver Service were:

Provider Category	Provider Type Title
Agency	Day Habilitation
Agency	Individualized Supported Living
Agency	State Plan Personal Care Provider
Agency	Community Integration
Individual	Qualified Community Professional

The Provider Categories and associated Provider Type Title(s) have been modified in such that the Provider Categories and associated Provider Type Title(s) included within the Community Specialist Waiver Service are:

Provider Category	Provider Type Title
Agency	Qualified Community Specialist
Individual	Qualified Community Specialist

Support Broker Waiver Service Individual Directed Goods and Services (IDGS)



Support Brokers - Scope

The scope of Support Brokers is enhanced to include IDGS as an item that Support Brokers are permitted to provide information and assistance with to individuals and/or designated representatives.



Support Broker Waiver Service Support Coordinator Training(s)



FYI...

The requirement that a Support Broker have experience or Division DD approved training is no longer referenced in the definition/scope of Support Broker.

It is now referenced under each Provider Type specifications (Verification of Provider Qualifications). The requirement is referenced under all provider type(s); no changes in regards to training should be recognized.

Changes to Crisis Intervention service

Old Language

- 🕒 Available to an individual on a 24-hour basis
- 🕒 Crisis intervention may be provided in any setting

New Language

- 🕒 This service must be available to the individual at any time of day during the approved dates of service.
- 🕒 Crisis intervention may be provided at home, in conjunction with Group Home, Individual Supported Living (ISL) or Shared Living services elsewhere in the community.

Changes to Crisis Intervention service

Old Language

- 🕒 Developing and writing an intervention plan
- 🕒

New Language

- 🕒 Developing and writing a formal intervention plan;
- 🕒 Monitoring of progress and fidelity to ensure positive outcomes from interventions or to make adjustments to interventions;

Changes to Crisis Intervention service

Old Language

- 🕒 Crisis Intervention services are expected to be of brief duration (4 to 8 weeks, maximum). When services of a greater duration are required, the individual should be transitioned to a more appropriate services program such as counseling, or respite.

New Language

- 🕒 Crisis Intervention is intended to be time-limited. Services should be authorized through person centered planning based upon individualized assessed need not to exceed 2,920 units per individual per waiver year. Exceptions for services past this time limit require an amended or new Individual Support Plan and approval by the relevant Regional Director

Changes to Crisis Intervention service

Old Language

- 👤 Temporary day habilitation services as in a crisis drop in center
- 👤 Temporary 24 hour care in a crisis bed of a residence

New Language

- 👤 As needed, temporary (up to 2,920 units per individual per waiver year) services similar to that of a Day Habilitation (DH) service as in a crisis drop-in center.
- 👤 As needed, temporary (up to 2,920 units per individual per waiver year) 24 hour care in a crisis bed of a residence.

Changes to Crisis Intervention service

Old Language

- 📍 The scope of the waiver crisis intervention service is significantly above and beyond the scope of the state plan service and is meant to be provided by a team, not a single individual. It would be extremely rare for a crisis situation involving a DD waiver participant to be resolved within 60 minutes, and by a person without specialized training working with people with developmental disabilities. Many crisis situations in the DD system may be due to an environmental situation where the individual does not have the language skills to communicate their discomfort or distress, and the average provider of traditional “talk therapy” may not have the experience, skills and educational background to appropriately address this need.

New Language

- 📍 The scope of the waiver crisis intervention service is significantly above and beyond the scope of the state plan service and is meant to be provided by a team, not a single individual. The service is to be provided by a team consisting of Crisis Technician(s) and Crisis Professional(s). Crisis teams may be agency based (certified or accredited ISL lead agencies, Day Habilitation providers, and group homes), or they may be contracted to provide only this service.

Changes to Applied Behavior Analysis (ABA) service

- 👤 Allow the service to be authorized and delivered in hospital to an individual when the hospital is unable to provide necessary supports.
- 👤 Not substitute for services that the hospital is obligated to provide through its conditions of participation or under Federal or State law, or under another applicable requirement;
- 👤 Designed to ensure smooth transitions between acute care settings and home and community-based settings, and to preserve the individual's functional abilities.



Improving lives THROUGH
supports and services
THAT FOSTER self-determination.

Thank you!

Questions?

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